

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/030887

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
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47							97							
48							98							
49							99							
50							100							
TOTAL	5						TOTAL							
IND.	10						IND.							
DEP.	5						DEP.							
TOTAL	15						CLAIMS							